

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			04/17/01
<b>O.I.P.E. CLASSIFIER</b>			5/5/01
<b>FORMALITY REVIEW</b>	08	1020	08-115701
<b>RESPONSE FORMALITY REVIEW</b>	Request	925	08-28-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY

 5/5/01  
 08/28/01  
 6/14